FEB 0 9 2007

SEC 1972 (6-02)

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

1	3	9	06)	91			
<u> </u>	OMB APPROVAL							
OMB	Num	ber:	32	235-	0076			
Expir	Expires:							
Estimated average burden								
hour	sperr	espo	nse	1	6.00			

SEC USE ONLY
Prefix Serial

Name of Offering check if this is an amendment and name has changed, and indicate change.) ULU Acquisition Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(compared to the filing: New Filing Amendment A. BASIC IDENTIFICATION DATA	07043997
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(ex) Rule 505 New Filing Amendment	© ULOE 0/043997
Type of Filing: New Filing Amendment	. — — — — — — — — — — — — — — — — — — —
A RASIC IDENTIFICATION DATA	
A. DADIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	•
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Chaco, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
39955 Hayden Road Paonia, CO 81428	(970) 527-4990
Address of Principal Business Operations (Number and Street, City, State, Zip Code (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	2222
Design and sale of footwear	PROCESSE
Type of Business Organization	FEB 2 2 2007
✓ corporation ☐ limited partnership, already formed ☐ other ☐ business trust ☐ limited partnership, to be formed	(prease specify).
Month Year	THOMSON
Actual or Estimated Date of Incorporation or Organization: 1 2 9 3 Actual Es	imated FINANCIAL
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for Sta CN for Canada; FN for other foreign jurisdiction)	te: CO
GENERAL INSTRUCTIONS	- <u>CC</u>
Federal:	
Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation I 77d(6).	O or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offerir and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C.	0549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manu photocopies of the manually signed copy or bear typed or printed signatures.	elly signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only repetitereto, the information requested in Part C, and any material changes from the information previously supnot be filed with the SEC.	
Filing Fee: There is no federal filing fee.	•
State:	
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim accompany this form. This notice shall be filed in the appropriate states in accordance with state law this notice and must be completed.	Securities Administrator in each state where sales for the exemption, a fee in the proper amount shal
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal appropriate federal notice will not result in a loss of an available state exemption un filing of a federal notice.	exemption. Conversely, failure to file the less such exemption is predictated on the

2. Enter the information re	equested for the fo	llowin		ENTH	ICATION DATA	3.7			C. And St. Company	
	•		ь. as been organized w	ithin 1	he nast five years:	•			•	
•			_			of 10	% or more o	fa clas	s of equity securities of	f the issuer
•			~		rate general and man	•				. (110 135 401
	nanaging partner o				. are goneral and man	-56		·	p toobers, and	
- Lack general and i	nanaging partner c	n part	meranip issuers.		4				• .	
Check Box(es) that Apply:	Promoter	Ø	Beneficial Owner	Ø	Executive Officer	Z	Director		General and/or Managing Partner	•
Full Name (Last name first, i Paigen, Mark	if individual)		•					-		
Elusiness or Residence Addre 39955 Hayden Road,	ess (Number and Paonia, Colo		, City, State, Zip Co 81428	ode)	-					
Check Box(es) that Apply:	Promoter		Beneficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner	
Full Name (Last name first, Wieland, Ed	if individual)									
Eusiness or Residence Addre	ss (Number and	Street	t, City, State, Zip Co	ode)	··· 					<u> </u>
39955 Hayden Road,	Paonia, Colo			-,	<u>-</u>					•
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner	
Full Name (Last name first,	if individual)	,					<u>ر</u>		······································	
Eusiness or Residence Addre	sś (Number and	Street	t, City, State, Zip Co	ode)						
			.,,,				•			
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner	/
Full Name (Last name first,	if individual)				· ,					
Eusiness or Residence Addre	ess (Number and	Street	L City State Zin Co	nde)	102					
ŧ			,,,,,	,	- ,					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director	, 	General and/or Managing Partner	
Full Name (Last name first,	if individual)	<u> </u>								
	,		•		•				-	
Business or Residence Addri	ess (Number and	Stree	t, City, State, Zip Co	nde)				`	·	
· · · ·				,						
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner	
Full Name (Last name first,	if individual)		· · ·						· · · · · · · · · · · · · · · · · · ·	
								• .	, •	
Business or Residence Addre	ess (Number and	Stree	t, City, State, Zip Co	ode)	·····			,	•	
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner	,
Full Name (Last name first,	if individual)								<u> </u>	
· ==			·				<u>.</u>		· -	
Business or Residence Addre	ess (Number and	Stree	t, City, State, Zip Co	ode)						• .

J.				r vi ai	. B. I	NFORMAT	ION ABOU	r offeri	NG .		有数约 图。		3/4 % ./1
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?										<u> </u>	Yes	No `	
١.	Answer also in Appendix, Column 2, if filing under ULOE.												X
2.											s 450	,000.00	
-					•		٠ ،					Yes	No
3.	Does the offering permit joint ownership of a single unit?												
						vho has bee of purchase							
•	if a perso	on to be list	ed is an ass	ociated pe	rson or age	ent of a brok	er or deale	registere	d with the S	EC and/or	with a state		
						ore than five ion for that				ciated pers	ons of such		
			irst, if indi			ion to that							
_	-				·			<u>.</u>		•			
Busi	ness or I	Residence A	Address (N	umber and	Street, C	ity, State, Z	ip Code)		,	,			
Nam	e of Ass	ociated Bro	oker or Dea	iler		· · · · · · · · · · · · · · · · · · ·			<u> </u>	<u>· </u>	<u></u>	<u> </u>	
			· · · · · · · · · · · · · · · · · · ·	<u> </u>		6 11 1					 ;	:	
						s to Solicit				۲			154.4.4
	Check	All States	or check	inaividuai	States)					······	***************************************	□ Ņ	States
, •	AL	AK	AZ.	AR	CA	CO	CT	DE	DC ·	·FL	GA	THI	[ID]
	[IL]	NE NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD - NC	MA ND	MI OH	MN OK	MS OR	MÖ PA
	RI \	SC]	SD	TN	TX	UT	VT ·	VA	WA]	WV	WI	·WŸ	PR
_ 1													
Full	Name (L	ast name f	irst, if indi	vidual)			•						
Eusi	iness or	Residence	Address (N	lumber an	d Street, C	City, State,	Zip Code)		· · · · ·				
			· · ·						· <u> </u>		· · · · · · · · · · · · · · · · · · ·	· .	
Nam	ic of Ass	ociated Bro	oker or Dea	iler	•	•					٠		
State	es in Wh	ich Person	Listed Has	Solicited	or Intends	s to Solicit	Purchasers		`		<u>.</u>		
	(Check '	'All States'	or check	individual	States)				•••••			☐ Al	l States
	AL	AK.	AZ	AR	CA	CO	CT	DE	DC	FL	GA	н	ID
•	II.	· [N]	ĪĀ	KS	KY	<u>LA</u>	ME	MD	MA .	MI	MN	MS	MO
	MT	NE .	NV	NH	ИЛ	NM	NY)	NC	ND	OH	OK.	OR	PA
	RI	SC ;	SD .	TN	TX	UT	VT)	VA	WA	WV	WĮ	WY	PR
Full	Name (1	ast name f	irst, if indi	vidual)	,,,	•			•				
Duci	iness) or	Decidence	Address (N	Jumber an	d Strant C	City, State,	7in Code				· ·		
	ilicss, oi	Residence	Addiess (i	tumber an	a sireei, e	Jity, State,	rip Code).	•	ر	•	, ,		•
Nam	ne of Ass	ociated Bro	oker or Dea	aler	,				- "			<u>.</u> '	
State	es in Wh	ich Person	Listed Has	Solicited	or Intende	s to Solicit	Purchasers		· · · · · · · · · · · · · · · · · · ·		· · ·		
										····		☐ AI	States
·		[AV]	[42]	(A12)	(CA)	ശ്ര	(CT)	اعتضا	IDO I	المان المان	٠		GGT)
	AL TL	AK IN	AZ IA	AR KS	CA KY	CO LA	CT ME	DE MD	DC MA	FL MI	GA MN	HI MS ,	ID MO ,
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
	RI .	SC	SD	TN	TX	UT	VΤ	VA	WA	WV	WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, chec this box and indicate in the columns below the amounts of the securities offered for exchange an already exchanged.	k d	
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debi	s 450,000.00	s 450,000.00
	Equity	·	\$ 0.00
	Common Preferred	*	0.00
	Partnership Interests		\$ 0.00
	Other (Specify)		\$ 0.00
	Total	\$ 450,000.00	\$ 450,000.00
•	Answer also in Appendix, Column 3, if filing under ULOE.	. 5	3_1001000.00
2.	Enter the number of accredited and non-accredited investors who have purchased securities in the offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of the purchases on the total lines. Enter "0" if answer is "none" or "zero."	e	Aggregate
		Number Investors	Dollar Amount of Purchases \$ 450,000.00
	Accredited Investors		· · · · · · · · · · · · · · · · · · ·
	Non-accredited Investors		\$_0.00
	Total (for filings under Rule 504 only)	•	\$
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the		
	first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
			Dollar Amount Sold
	first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.	Type of Security	
	Type of Offering Rule 505 Regulation A	Type of Security	
•	Type of Offering Rule 505	Type of Security	
•	Type of Offering Rule 505 Regulation A	Type of Security	
	Type of Offering Rule 505 Regulation A Rule 504	Type of Security	ss ss
	Type of Offering Rule 505 Regulation A Total Total Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insure The information may be given as subject to future contingencies. If the amount of an expenditure	Type of Security	Sold \$ \$ \$
4	Type of Offering Rule 505 Regulation A Total Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insure The information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate.	Type of Security	Sold \$ \$ \$ \$ 0.00 \$ 0.00
4	Type of Offering Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insure The information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees	Type of Security	\$\$ \$\$ \$\$ \$\$ \$\$
	Type of Offering Rule 505 Regulation A Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insure The information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs.	Type of Security	Sold \$ \$ \$ \$ 0.00 \$ 0.00
	Type of Offering Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insure The information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs Legal Fees	Type of Security	\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00
	Type of Offering Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insure The information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs Legal Fees Accounting Fees	Type of Security	\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00
	Type of Offering Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insure The information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs Legal Fees Accounting Fees Engineering Fees	Type of Security	\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00

	b. Enter the difference between the aggregate offe and total expenses furnished in response to Part C — proceeds to the issuer."	- Question 4.a. This difference is the "adjuste	d gross	\$_450,000.00
•	Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for a check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Par	ny purpose is not known, furnish an estima of the payments listed must equal the adjuste	ate and	•
-			Payments to Officers, Directors, & Affiliates	Payments to Others
•	Salaries and fees			\$_0.00
	Purchase of real estate		s <u>0.00</u>	\$ <u>_0</u> .
	Purchase, rental or leasing and installation of ma	chinery		\$0.00
	Construction or leasing of plant buildings and fa-	cilities		\$ <u></u> \$
•	Acquisition of other businesses (including the va offering that may be used in exchange for the ass issuer pursuant to a merger)	sets or securities of another		\$ 450,000.00
	Repayment of indebtedness		<u>0.00</u>	s 0.00
	Working capital		<u>\$</u> 0.00	\$_0.00
	Other (specify):	 ;	<u>\$_0.00</u>	<u>\$0.00</u>
			so.oo	ss
	Column Totals		s 0.00	\$ 450,000.00
•	Total Payments Listed (column totals added)			50,000.00
14		D. FEDERAL SIGNATURE		
gr	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to furnished by the issuer to any non-accordance.	e undersigned duly authorized person. If thi irnish to the U.S. Securities and Exchange C	Commission, upon writte	ule 505, the following en request of its staff,
ssı	uer (Print or Type)	Signature	Date	-
Ch	aco, Inc.	Edward Will	February 5, 200)7
	ne of Signer (Print or Type)	Title of Signer (Print or Type)		
d١	Wieland '	General Manager	·	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

! .	E. STATE SIGNATURE	15 8 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	<u> </u>
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes N	lo K
	See Appendix, Column 5, for state response.	, \	
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which th	is notice is filed a notice	on Form

- D (17 CFR 239.500) at such times as required by state law.
- The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Chaco, Inc.	Edward Will	February 5, 2007
Name (Print or Type)	Title (Print of Type)	
Ed Wieland	General Manager	

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

e F				# AP	PENDIX				7. 2. (E. G. 1)	
	to non-ac	to sell ccredited s in State	Type of security and aggregate offering price offered in state (Part C-Item 1) Type of investor and amount purchased in State (Part C-Item 2)					Disqual under Sta (if yes, `explana waiver	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No	•	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
ĄL									,	
AK		_			•	:				
AZ			,	}				`		
AR	-				1		1			
CA				. '.	-					
СО							•			
СТ										
DE				, ,	i		1*			
DC						`` '				
FL			· .				·			
GA			, 							
ні	,				,	·				
ID										
IL						(
IN					,					
IA_			,			•		:		
KS			· . \	11						
KY			·	<u> </u>	<u> </u>		-			
LA										
ME										
MD						-				
MA			,	ļ <u></u>						
MI)		,	,				
MN	-/				,,,					
MS										

1	:	2 ·	3			4 ,		5		
•	Intend to sell and aggregate offering price offered in state (Part B-Item 1) Type of secular and aggregate offering price offered in state (Part C-Item			Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
МО	·		,							
МТ					_					
NE ·										
Ν̈́V										
NH			. ·				٠,		·	
NJ										
NM			/			*				
NY										
NC									-	
ND										
ОН				,	·					
OK				-				<u> </u>		
OR										
PA					,			L.		
· RI		-								
SC						, ,			<u> </u>	
SD										
TN			,							
TX			,				-			
UT							, , ,			
VŤ.		×	Promissory Note \$450,000	1.	\$450,000	0	\$0.00		×	
VA	<u> </u>									
WA					,					
WV	,									
WI			·							

er E				APP	ENDIX.				
	to non-a	2 I to sell accredited rs in State I-Item I)	Type of security and aggregate offering price offered in state (Part C-Item !)		Type o amount pu (Part	5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Itern 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY PR				-)	,		, .		

 \mathcal{END}